



Form # 230
Revised 12/2009
1400 West Third, Little Rock, AR 72201
Phone (501) 682-1517 or (800) 666-2877
Fax (501) 682-1944
Website - <http://www.artrs.gov>

AFFIDAVIT OF OUT-OF-STATE TEACHING SERVICE
1987-88 to 2009-2010

To be executed by County Supervisor, Superintendent of Schools or other School Official in the county in which service was rendered.

Name of Member _____ SSN _____

I hereby certify that the following service is taken from the official school records:

<u>Year</u>	<u>District</u>	<u>County</u>	<u>State</u>	<u>Position Held</u>	<u>Days Worked</u>
1987-88	_____	_____	_____	_____	_____
1988-89	_____	_____	_____	_____	_____
1989-90	_____	_____	_____	_____	_____
1990-91	_____	_____	_____	_____	_____
1991-92	_____	_____	_____	_____	_____
1992-93	_____	_____	_____	_____	_____
1993-94	_____	_____	_____	_____	_____
1994-95	_____	_____	_____	_____	_____
1995-96	_____	_____	_____	_____	_____
1996-97	_____	_____	_____	_____	_____
1997-98	_____	_____	_____	_____	_____
1998-99	_____	_____	_____	_____	_____
1999-00	_____	_____	_____	_____	_____
2000-01	_____	_____	_____	_____	_____
2001-02	_____	_____	_____	_____	_____
2002-03	_____	_____	_____	_____	_____
2003-04	_____	_____	_____	_____	_____
2004-05	_____	_____	_____	_____	_____
2005-06	_____	_____	_____	_____	_____
2006-07	_____	_____	_____	_____	_____
2007-08	_____	_____	_____	_____	_____
2008-09	_____	_____	_____	_____	_____
2009-10	_____	_____	_____	_____	_____

Certified by me this _____ day of _____, _____.

Signature _____ Title _____

Address _____

MEMBER PLEASE NOTE: When the completed G-3a form is received, ATRS will request certification from the state retirement system where the service was rendered. You must have received a refund and not be eligible for benefits based on the service. When the certification is received by ATRS, a statement of your cost will be prepared and mailed to you.